BHSA FSP Workgroup Meeting

DATE: Wednesday, September 24, 2025

TIME: 2:00 PM – 3:30 PM

LOCATION: Behavioral Health Training Center

Meeting Summary

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1. Updates & Follow-Up

- Reminded workgroup members that FSP Workgroup Liaison should be contacted with any questions or ideas regarding Workgroup meetings.
- Existing Adult/Older Adult FSP contracts will end June 30, 2025. A new solicitation/Request for Proposal (RFP) will be released to include new BHSA FSP requirements.
- DHCS released the Evidence-Based Practice Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual (for ACT, FACT, CSC, IPS) – Draft for Public Comment. The manual will be emailed to FSP workgroup members.

2. Substance Use Disorder (SUD) Part I: Co-Occurring Capable

- **Co-Occurring Capable Requirements reviewed**
  - Connecting individuals to clinically necessary services and conducing ASAM screenings.
  - Question raised to the State regarding ASAM-specific screening requirements.
- **Medication-Assisted Treatment (MAT)**
  - Counties have two options: provide MAT services directly or have an effective referral process in place.
  - MAT must be offered to all age groups as clinically necessary including children/youth.
  - Consideration of whether County Children's FSPs will be required to offer MAT.
  - Discussion on developing youth-focused programming to support recovery.
- **Service Integration & Certification**
  - Exploring if dual certification for both Mental Health (MH) and Drug Medi-Cal (DMC) services will be needed.
  - Some DMC-ODS programs are already capable of providing psychiatric treatment.

  - Identifying client needs and ensuring appropriate level-of-care placement.
  - County leadership to clarify certification and regulatory process.
  - Provider training needs were highlighted.
- **ASAM & Levels of Care (LOC)**
  - Reviewed the six ASAM dimensions as criteria for assessing client needs.
  - LOC framework: assessments feed into levels of care (4-Inpatient, 3-Residential, 2-IOP/HIOP, 1-Outpatient, and recovery residence).
- **Continuum of Care & Current Practices**
  - County adult and older adult FSPs already provide some co-occurring services with SUD counselors on staff.
  - Emphasis on comprehensive, integrated care and coordination with community resources.
  - Ongoing referrals and linkages to external programs, including AA and NA.
- **Enhanced Recovery FSP Program (FSP Co-Occurring Model)**
  - Highlighted as a successful program currently implemented.
  - Voluntary, stage-based approach with member agreements, activities, meetings, and check-ins.
  - Data shows improved outcomes, including reduced hospitalizations.

3. Breakout Group Activity

Focus Areas Discussed

- Biggest opportunities for clients with full implementation of co-occurring capabilities.
- Key barriers to overcome for successful implementation.
- Most pressing training needs (in addition to ASAM screening) to ensure provider competency.

Children

- **Opportunities:**
  - Better integration of ASAM Levels of Care (LOC) for under-18 population.
- **Barriers:**
  - Many children connected to outpatient care but "fail out," even at lowest LOC.
  - Funding limitations discourage program development.
  - Unclear age guidelines for services.
- **Training Needs:**
  - Clarification on ASAM screening and eligibility for children.

Transitional Age Youth (TAY)

- **Opportunities:**
  - Single location for integrated services.
  - Greater involvement of parents/families to reduce stigma around SUD.
- **Barriers:**
  - County support needed for linking clients to available resources.
  - Communication gaps in coordinating care.
- **Training Needs:**

- Guidance on prioritizing within ASAM guidelines.
- Training staff to conduct screenings and engage TAY effectively.

Forensics

- **Opportunities:**
  - Centralized hub for both MH and SUD needs (instead of fragmented referrals).
  - Immediate service response to reduce delays.
- **Barriers:**
  - Need for retraining in SUD modalities and addressing stigma/division in care.
  - Clarification of MAT use within MH and SUD programs.
- **Training Needs:**
  - Education for staff and court partners on referrals, expectations, and LOC appropriateness.
  - More SUD-specific training for MH providers.

Adults

- **Opportunities:**
  - Increase morning availability of SUD treatment beds.
- **Barriers:**
  - Keeping individuals engaged while waiting for services.
- **Training Needs:**
  - Cohort-based training with shared schedules across programs.
  - Focus on SUD training for MH staff.

Older Adults

- **Opportunities:**
  - Use of data to better identify co-occurring disorders in OA population.
  - Consideration of FACT vs. ACT models for justice-involved OAs.
- **Barriers:**
  - Staffing challenges, lack of appropriate housing (e.g., "sober living" homes not truly sober).
  - Loss of motivation when beds are unavailable.
- **Training Needs:**
  - Formalized SUD training process for providers.
  - Crisis response training (e.g., 5150 de-escalation with MH + SUD involvement).

General Themes

- **Resources:** Time and staffing capacity remain major constraints.
- **Communication:** Need for stronger coordination across systems.
- **Training:** Standardized and cross-discipline training to support co-occurring capability.

4. **Next Meeting**

   Wednesday, October 8th from 2:00 PM – 3:30 PM ***in-person only*** at the Behavioral Health Training Center